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DATE:

9/18/14

NAME:

EMERALD COAST ICE VENDING, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

voin, in the state of Fiorial.			
1. Name of the limited liability company: EMERALE	COAST ICE VENDING, LLC	3	
2. (a) Principal office address of limited liability comp	any: 1597 The Greens Way		
(Note: MUST BE STREET ADDRESS)	Jacksonville Beach, FL 32250		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1597 The Greens Way	14 S	TAFE
	Jacksonville Beach, FL 32250	Ţ,	至
November 19, 2007	L07000116683	61	ARY
3. Date of filing/registration in Florida	4. Document number	2	m m m
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept	of State:	STATE LORID
Registered Agent:	CT Corporation System		D™
Registered Office Address:	1200 South Pine Island Road		
	Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address:	ı	
NEW Registered Agent:	National Corporate Research	, Ltd., inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive		
	Tallahassee	,FL 32301	<u></u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company of the limited	e Florida street address of the regi entical. Or, in the case of a Floric e(s) was/were authorized by an after twise provided in the articles of o	stered officed	
Printed or typed name of signee	-		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I proper and complete performance position as registered agent as purely reflect a change in the regions has been notified in writing cany has been notified in writing cany	further agr e of my du rovided for sistered off if this chan	ree to ties, r in ice ige.
Signature of Registered Agent Lucy Rose, Assistant Secreta	•		
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (12/13)